

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

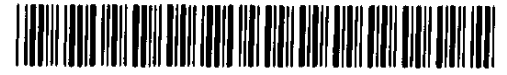
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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **720472**

1. Corporation Name
ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
9591 NE 21ST AVE **9591 NE 21ST AVE**
PO BOX 325 **PO BOX 325**
ANTHONY FL 32617-0325 **ANTHONY FL 32617-0325**



REINSTATEMENT 9700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable GIL BARRERAS		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/10/1971	
Suite, Apt. #, etc. 9591 N.E. 21ST AVE		Suite, Apt. #, etc.		5. FEI Number 59-1938639 Applied For Not Applicable	
City & State ANTHONY FL		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 32617 Country USA		Zip		Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	GROWE, WILLIAM D. GIL BARRERAS	1810 NE 49TH AVE 9591 N.E. 21ST AVE	OCALA FL 34470 ANTHONY FL 32617
TVC	BECKLER, KEITH	9591 NE 21ST AVE	ANTHONY FL 32617
D	GROGAN, SCOTT Karl Bowlin	9591 NE 21ST AVE	ANTHONY FL 32617
D	BARBATO, ERAMUS ROBIN MCCARTHY	9591 NE 21ST AVE	ANTHONY, FL 00000
ST	BARBATO, PAUL VICTORIA BARRERAS	9591 N.E. 21ST AVE.	ANTHONY FL 300002362343--9 -12/03/97-D1089-011 ****296.75 L***82625
D	DONNIE VINYARD	9591 N.E. 21ST AVE	ANTHONY FL 32617

8. Name and Address of Current Registered Agent
~~GROWE, WILLIAM D.~~ **GIL BARRERAS**
9591 NE 21ST AVE
P. O. BOX 325
ANTHONY FL 32617

9. Name and Address of New Registered Agent
 Name **GIL BARRERAS**
 Street Address (P.O. Box Number is Not Acceptable)
9591 N.E. 21ST AVE
 Suite, Apt. #, Etc.
 City **ANTHONY** State **FL** Zip Code **32617**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* Date **11/17/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **11/17/97** **352-620-3412**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)